



CHALLAN
MTR Form Number-6



GRN	MH010936428202627E	BARCODE			Date	27/09/2026-17:32:11		Form ID	6(1)	
Department Inspector General Of Registration					Payer Details					
Stamp Duty and Registration Fee together					TAX ID / TAN (If Any)					
Type of Payment Registration Fee					PAN No.(If Applicable)		ABXXXXXXXXA			
Office Name CSN2_JT SUB REGI CH _SAMBHAJINAGAR					Full Name		GANESH RAMDAS WAKHARE			
Location CHHATRAPATI SAMBHAJINAGAR					Flat/Block No.		PLOT NO 68 GAT NO 17 BEHIND SAI MANGAL			
Year 2026-2027 One Time					Premises/Building		KARYALAY SAI NAGAR			
Account Head Details				Amount In Rs.						
0030046401 Stamp Duty				9370.00		Road/Street		AT PADEGAON TAL CHH SAMBHAJINAGAR DIST CHH SAMBHAJINAGAR (AURANGABAD)		
0030063301 Registration Fee				15000.00		Area/Locality		CHH SAMBHAJINAGAR		
						Town/City/District				
						PIN		4 3 1 0 0 1		
						Remarks (If Any)				
						PAN2=AAACI6285N~SecondPartyName=ICICI HOME FINANCE				
						COMPANY LTD~CA=3120000				
						Amount In Twenty Four Thousand Three Hundred Seventy Rupees				
Total				24,370.00		Words		Only		
Payment Details PUNJAB NATIONAL BANK					FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		03006172026092700450 5286594130	
Cheque/DD No.					Bank Date		RBI Date		27/09/2026-17:34:47 Not Verified with RBI	
Name of Bank					Bank-Branch		PUNJAB NATIONAL BANK			
Name of Branch					Scroll No. , Date		Not Verified with Scroll			

Department ID :

Mobile No. :

XXXXXX2010

NOTE:- This challan is valid for document to be registered in Sub Registrar office only. Not valid for unregistered document.

सदर चलन केवल दुय्यम निबंधक कार्यालयात नोंदणी करावयाच्या दस्तासाठी लागू आहे . नोंदणी न करावयाच्या दस्तासाठी सदर चलन लागू नाही .